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ABSTRACT

Information on nine disabilities is presented as a resource for career planning and placement professionals in assisting students with disabilities to access services at the University of Nebraska at Omaha. Disabilities covered in this guide are: carpal tunnel, cerebral palsy, epilepsy, hearing impairments, learning disabilities, spina bifida/spinal cord injury/back injury; traumatic brain injury; visual impairments; and multiple sclerosis. For each disability, a description is provided along with sensitivity information, initial considerations for working with the student, common functional limitations, potential job site accommodations needed for the student, services and resources available on the campus, agencies for further referral, and suggestions for further reading. An addendum offers guidelines for assessing the impact of a disability on communication, interpersonal skills, mobility, self-care, self-direction, work skills, and work tolerance. (SW)

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ED 385 062

A GUIDE FOR CAREER COUNSELORS

These materials developed by grant funds from the
United States Department of Education
Office of Special Education and Rehabilitative Services
Grant #H078C20010

EC304095

BEST COPY AVAILABLE

These files have been assembled by Postsecondary RESUME staff to serve as a resource for Career Planning and Placement professionals in assisting students with disabilities to access services on the UNO campus. It is also intended to assist Career Planning and Placement professionals in developing an increased understanding of and comfort level with students with disabilities, for the benefit of everyone involved.

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Portions of the general outline and content of this document were adapted from:

Crouch, D. D., Peters, R., Dunn, D. J., Roberts, C. D., Gaines, T. E., Springs, J., & Keenan, D. (1991). Disability Handbook. Lincoln, Nebraska: Nebraska Department of Education, Division of Rehabilitation Services.

These materials developed by grant funds from the United States Department of Education (Office of Special Education and Rehabilitative Services Grant #H078C20010

November 16, 1994

CARPAL TUNNEL SYNDROME

I. DESCRIPTION

Carpal tunnel syndrome (CTS) is a hand and wrist disorder caused by compression of the median nerve in the area of the wrist. It is normally caused by repetitious tasks or where forceful wrist flexion is repeated. Injurios are often found in meat and poultry industries, as well as some types of assembly line work, and any job where there is much typing or data entry. Symptoms vary but include pain, loss of strength, a burning sensation in the fingers and an unpleasant tingling feeling in the hand.

The individual usually recovers rapidly with treatment; however symptoms may recur if the cause is not avoided. In addition recovery may never be complete. There may be sensory or motor limitations, and in severe cases, muscular atrophy. Individuals may be encouraged to discontinue tasks causing the problem as conservative treatment. Surgical decompression of the nerve may be beneficial. It is usually advisable for the individual to avoid the activity which caused the disorder, even if they have had surgical correction.

II. GENERAL SENSITIVITY INFORMATION

One should be sensitive to the student's discomfort with writing, lifting, carrying etc.

III. INITIAL CONSIDERATIONS

The factors listed below, and their potential application to each individual student, may be helpful in pointing to issues of psychological adjustment, performance of essential job functions, and general interactions with a student. In some instances it may be advisable to specifically discuss one or more of these factors. However, since many of these topics relate to very personal issues, any decision to directly inquire should be based on its relevance to the career planning and placement process for that particular student.

1. Identify types of problems caused by the disorder.
2. Obtain a detailed job history.
3. List types of treatments currently utilized and any planned for the future.
4. Determine the ability to grasp and hold objects.
5. Determine the ability to write.
6. Investigate the ability to use musical or graphic keyboards.

IV. COMMON FUNCTIONAL LIMITATIONS

The limitations listed below may restrict the individual's vocational choices and should be taken into consideration when discussing career options with a student. However, the counselor should not rule out an occupation before considering the accommodations listed in the next section which may provide alternative ways of doing the job. It is important to help the individual focus on his/her abilities, not the disability.

1. Fingering
2. Lifting
3. Strength
4. Pain
5. Grasping
6. Dexterity
7. Reaching
8. Endurance

V. POTENTIAL JOB SITE ACCOMMODATIONS

Always ask the individual first what accommodations would be most helpful to him/her. Below are some suggestions you might use if the student is having trouble articulating his/her needs.

1. Redesign workstation to minimize reaching and lifting
2. Job restructuring may be necessary.
3. Place a pad along the keyboard edge to minimize depth differential between keyboard and table surface

VI. SERVICES/RESOURCES ON CAMPUS

A person who would like a note taker provided should contact the Office of Services for Students with Disabilities (EAB 115) at x2409. If a student needs modified test administration arranged, the service is coordinated between Services for Students with Disabilities, faculty, and the Testing Center. To qualify for these services, a student must submit verification of his/her disability to this office.

VII. AGENCIES FOR FURTHER REFERRAL

Currently no agency is specifically dedicated to carpal tunnel syndrome. A person should be able to get information from his/her physician.

VIII. SUGGESTIONS FOR FURTHER READING

Books (available in campus library):

Tannenhaus, N. (1991). Relief from carpal tunnel syndrome. New York: Lynn Sonberg Book Services.

Discusses the diagnosis and treatment of carpal tunnel syndrome, as well as suggestions to make the workplace a better environment to reduce the risk of CTS.

CEREBRAL PALSY

I. DESCRIPTION

Cerebral palsy is a neurological impairment which affects various aspects of an individual's physical and mental functioning. It is a non-progressive motor disorder characterized by impairment of voluntary movements. In many cases, there are speech and cognitive impairments associated with cerebral palsy as well as mobility and coordination impairments.

II. GENERAL SENSITIVITY INFORMATION

The effects of cerebral palsy vary widely by individual. Some people with cerebral palsy can walk, others cannot. Some individuals have speech impairments, others do not. Some have cognitive impairments, others do not. Some have problems with coordination, others do not.

In terms of sensitivity to those in wheelchairs, here are a few suggestions. When conversing with the individuals, sit so you can be at the same eye level. The wheelchair is part of the individual's personal space. Do not push or lean on the chair unless given permission to do so. Avoid terms such as "confined to a wheelchair". The wheelchair represents great personal freedom for the individual who needs it.

People with speech impairments truly want to be understood. If you can't understand what someone with a speech impairment has said, ask him/her to repeat what was said, rather than just trying to "fake it."

III. INITIAL CONSIDERATIONS

The factors listed below, and their potential application to each individual student, may be helpful in pointing to issues to psychological adjustment, performance of essential job functions, and general interactions with a student. In some instances it may be advisable to specifically discuss one or more of these factors. However, since many of these topics relate to very personal issues, any decision to directly inquire should be based on its relevance tothe career planning and placement process for that particular student.

1. Identify specific difficulties (i.e., ambulation, coordination, speech).
2. Explore types of assistive devices used i.e. wheelchair, crutches, speech synthesizers).
3. Assess cognitive functioning.
4. Determine speech clarity.
5. Establish ability to drive.

IV. COMMON FUNCTIONAL LIMITATIONS

The limitations listed below may restrict the individual's vocational choices and should be taken into consideration when discussing career options with a student. The counselor should not rule out an occupation before considering the accommodations listed in the next section which may provide alternative ways of doing the job. It is important to help the individual focus on his/her abilities not the disability. It should not be assumed that each individual with this disability possesses all of these limitations. Each case is different and must be treated individually.

1. Physical

    a. Stamina
    b. Strength
    c. Pushing, pulling, pressing
    d. Climbing
    e. Coordination
    f. Speed
    g. Muscular control
    h. Ambulation
    i. Balance
    j. Standing
    k. Stooping, bending
    l. Transfers
    m. Writing
    n. Pulmonary
    o. Pain
    p. Driving

2. Language and Communication

    a. Hearing disorders
    b. Auditory and visual comprehension disorders
    c. Distractibility
    d. Weakness or incoordination of speech mechanism
    e. Articulation of speech

3. Psychosocial

    a. Cognition
        1) Verbal perception
        2) Verbal reception
        3) Verbal expression
        4) Visual motor integration

    b. Memory
    c. School achievement
    d. Acquisition, retention, interpretation, and application of information
    e. Social isolation
    f. Dependency
    g. Lack of initiation in taking responsibility

4. Complications

   a. Joint limitations
   b. Osteoporosis
   c. Scoliosis (curvature of the spine)
   d. Respiratory infections

5. Other commonly associated problems or disabilities

   a. Learning disabilities
   b. Mental retardation
   c. Visual and hearing problems
   d. Seizures
   e. Fatigue
   f. Problem solving deficits

V. POTENTIAL JOB SITE ACCOMMODATIONS

Always ask the individual first what accommodations would be most helpful to him/her. Below are some suggestions you might use if the student is having trouble articulating his/her needs.

1. Ramps/modified work stations (for wheelchair users)
2. Tape recorders/printed material
3. Lowered counters
4. Lowered water fountains and telephones
5. Keyboard modifications
6. Speech synthesizer/ augmentative communication

VI. SERVICES/RESOURCES ON CAMPUS

A person with cerebral palsy who needs the assistance of a note taker should contact the office of Services for Students with Disabilities (EAB 115) at x2409. If a student needs modified test administration arranged, the service is coordinated between Services for Students with Disabilities, faculty, and the Testing Center. To qualify for these services, a student must submit verification of his/her disability to this office.

VII. AGENCIES FOR FURTHER REFERRAL

United Cerebral Palsy of Nebraska
303 North 52nd Street
Lincoln, Nebraska 68503
466-9659 or 1-800-729-2556

VIII. SUGGESTIONS FOR FURTHER READING

Books (available in campus library):

Cruickshank, W. M. & Raus, G. M. (Eds.). (1955). Cerebral palsy: Its individual and community problems. Syracuse University Press: Syracuse, NY

This book contains a comprehensive look at the diagnosis and physical aspects of cerebral palsy as well as psychological issues related to this condition. It also contains a chapter on vocational adjustment.

Pamphlets/Brochures/Publications (in file):

Questions about cerebral palsy

Gives a brief description of cerebral palsy and lists the services provided by United Cerebral Palsy of Nebraska

EPILEPSY

I. DESCRIPTION

Epilepsy is a disorder which involves abnormal neurochemical activity in the brain that results in seizures. Seizures are clusters of behavior which occur in response to this abnormality. The most severe seizure, tonic/clonic seizure, results in convulsions and loss of consciousness. After this type of seizure, the individual is often extremely tired and experiences memory loss.

A second type of seizure, the absence seizure, results in only a brief lapse of attention. A simple partial seizure has varying effects depending on the portion of the brain affected, and may result in loss of motor control or distorted vision. A complex partial seizure is the most difficult to understand because of its varying effects. These may include appearing dazed and disoriented. Seizure disorders are often secondary to other medical conditions. For example, it may be brought about by a head injury.

II. GENERAL SENSITIVITY INFORMATION

It is very difficult to give general sensitivity information that applies to all or even many of those with epilepsy because the effects of the disorder depend on the type and duration of the seizures. Most people with epilepsy are on medication to control the seizures, but it is often difficult to find the right medication and dosage to stop all seizures. Additionally, some medications for the disorder have side effects such as causing drowsiness or slurred speech.

III. INITIAL CONSIDERATIONS

The factors listed below, and their potential application to each individual student, may be helpful in pointing to issues of psychological adjustment, performance of essential job functions, and general interactions with a student. In some instances it may be advisable to specifically discuss one or more of these factors. However, since many of these topics relate to very personal issues, any decision to directly inquire should be based on its relevance to the career planning and placement process for that particular student.

1. Determine seizure cause (if known), type, frequency, duration, and time of day they occur.
2. Identify what triggers their seizures (if known), if they can tell beforehand when one will occur, and how much recovery time is needed after seizures.
3. Determine the types of medications they use and their side effects if any.
4. Explore how the disability has affected past work or school.
5. Investigate whether a physician restricted any functional activities and if so, what are they.

IV. COMMON FUNCTIONAL LIMITATIONS

The limitations listed below may restrict the individual's vocational choices and should be taken into consideration when discussing career options with a student. However, the counselor should not rule out an occupation before considering the accommodations listed in the next section which may provide alternative ways of doing the job. It is important to help the individual focus on his/her abilities, not the disability.

1. Climbing
2. Balancing
3. Motor coordination
4. Eye/hand coordination
5. Wet humid conditions
6. Noisy conditions
7. Memory (often short term memory loss after seizures)
8. Attention span
9. Doing activities quickly
10. Driving

V. POTENTIAL JOB SITE ACCOMMODATIONS

Always ask the individual first what accommodations would be most helpful to him/her. Below are some suggestions you might use if the student is having trouble articulating his/her needs.

Specific accommodations on site are often unnecessary. However, what needs to be taken into consideration is that seizure activity may make certain occupations unsuitable for the individual.

These situations should be avoided if seizures are not controlled extremely well by medications:

1. Operating heavy equipment or dangerous machinery
2. Working at unprotected heights
3. Working around fast moving or dangerous equipment
4. Driving requirements

VI. SERVICES/RESOURCES ON CAMPUS

Health Services- Milo Bail Student Center
Disabled Student Services for academic adjustments, (i.e., extended time for completion of assignments if disorder disrupts academic progress during semester).

VII. AGENCIES FOR FURTHER REFERRAL

Epilepsy Association of Nebraska
3929 Harney St.
Omaha, Nebraska 68131
342-0290 or 1-800-477-0290

VIII. SUGGESTIONS FOR FURTHER READING

Books (available in campus library):

Edwards, F., Espir, M., & Oxley, J. (Eds.). Epilepsy and employment: A medical symposium on current problems and best practices. Royal Society of Medicine Services Ltd.: London.

This book offers valuable insight into epilepsy and employment related issues such as recruitment, disclosure and placement. Particularly emphasized was that each person with epilepsy has varying needs and the counselor should treat each case individually. It should be noted that this book does not contain information on services available in the U.S.

Articles:

Gade, E. & Toutges, G. (1983). "Employers' attitudes toward hiring epileptics: Implications for job placement." Rehabilitation Counseling Bulletin, 26 (5), 353-356.

Examines attitudes of employers and shows many existing jobs that persons with epilepsy can perform. Employers in larger firms with a college education are more informed about the work records of persons with epilepsy. The main recommendation for improving attitudes and practices is that counselors need to continually educate employers about the good safety and productivity records of employees with epilepsy. This is because concern for safety is a chief deterrent from hiring.

Kokasa, C. J. (1986)."Preparing people with epilepsy for employment." Career Development for Exceptional Individuals, 9 (1), 50-53.

Discusses a national demonstration project, Training and Placement Services (TAPS), which has placed more than 6,500 persons with epilepsy in jobs. The approach features support by local affiliates of the Epilepsy Foundation of America, job preparation, technical training and employer cooperation.

Pamphlets/Brochures/Publications (in file):

The Epilepsy Association of Nebraska and Western Iowa

Gives a brief description of epilepsy and the programs provided by the association.

HEARING IMPAIRMENTS

I. DESCRIPTION

Hearing impairment refers to a reduction in sensitivity to sounds which may be accompanied by some loss in the ability to correctly interpret auditory stimuli, even when amplified. Hearing impairments vary by degree and cause. Persons who are deaf are those who absolutely cannot use their hearing for communication. Persons with a lesser degree of hearing loss are called hard of hearing.

II. GENERAL SENSITIVITY INFORMATION

The later in life the hearing loss occurs, the less severe is its consequences. In general, people who are born deaf tend to present the greatest challenge because in addition to not being able to hear, they usually have poor to no speaking ability.

Because of their limited exposure to spoken language, communication styles of the hearing impaired are different from those of the hearing population. The extent to which they rely on visual cues is dependent on the severity of the hearing loss. People who are completely deaf rely totally on visual communication, while those who have some hearing do not. Visual communication includes written language, speech reading, sign language, and gesturing. "Speech reading" is a more appropriate term than "lip-reading" as it implies that the person with a hearing impairment relies not only on the speaker's mouth or lip movements, but also on facial expression and gestures.

People who are deaf should not be referred to as "deaf mutes" or "deaf and dumb." Using the term "deaf" alone is sufficient.

The preferred manual language of the deaf community is American Sign Language (ASL). In this language, the fingers, hands, and arms are used to communicate letters, words, and concepts.

Do not make assumptions regarding the skills and social maturity of individuals who have severe hearing impairments. It is easy to assume they are the same as a non hearing impaired person because this is an invisible disability. A counselor should not underestimate the potential of a person with a hearing impairment. The counselor should strive for cultivation of his/her strengths.

Hearing aids are not selective in the sounds they pick up; they make background noise and extraneous conversation louder. This is an important factor to keep in mind when interacting with a person wearing a hearing aid as this individual may take longer to respond because he/she is discerning what was said. Reducing background noise to a minimal level will enhance communication.

When you speak to a person who is deaf, speak directly to him/her, not to his/her interpreter. Use a normal tone and rhythm of speech. If you speak rapidly, you may want to slow down somewhat, but not so slowly that you are speaking one word at a time. Speak distinctly, but don't exaggerate your mouth movements. If you have a note pad and pencil, you can use it if you are having difficulty. If you are not understood the first time, reword what you are saying or try to use words more easily seen on the lips (more than 80% of the sounds we make are not visible on the lips).

III. INITIAL CONSIDERATIONS

The factors listed below, and their potential application to each individual student, may be helpful in pointing to issues of psychological adjustment, performance of essential job functions, and general interactions with a student. In some instances it may be advisable to specifically discuss one or more of these factors. However, since many of these topics relate to very personal issues, any decision to directly inquire should be based on its relevance to the career planning and placement process for that particular student.

1. Discuss the severity of the hearing loss and the exact hearing difficulty (i.e., speech, sounds, pitches).
2. Determine if there is trouble with balance or coordination.
3. Inquire about ringing in ears or "head noises."
4. Identify medications they are taking and any side effects experienced.
5. Is the loss in one or both ears?
6. Determine the presence of a hearing aid and the extent of its use.
7. Which methods they are able to use to communicate (speech reading, sign language, speech)?
8. If they speak, establish the clarity of their speech.

IV. COMMON FUNCTIONAL LIMITATIONS

The limitations listed below may restrict the individual's vocational choices and should be taken into consideration when discussing career options with a student. However, the counselor should not rule out an occupation before considering the accommodations listed in the next section which may provide alternative ways of doing the job. It is important to help the individual focus on his/her abilities not the disability.

1. Discriminating sounds
2. Understanding instructions
3. Communicating with peers
4. Speech clarity
5. Balance/motor coordination
6. Self image
7. Deficits in school achievement
8. Problems in conceptualization. Tendency to interprete things in very concrete ways.
9. Use of telephone unless it is equipped with assistive devices (discussed below).

V. POTENTIAL JOB SITE ACCOMMODATIONS

Always ask the individual first what accommodations would be most helpful to him/her. Below are some suggestions you might use if the student is having trouble articulating his/her needs.

1. The installation of TDD telephones
2. Captioning of material on video or audio cassette
3. Provision of sign language interpreters
4. Devices for telephones which amplify sound
5. Flashing lights on telephones and alarms

VI. SERVICES/RESOURCES ON CAMPUS

TDD stands for telecommunications device for the deaf. These are special telephones which allow individuals with hearing impairments to type what they are saying and receive messages back on a screen if the other person to whom they are talking also has this equipment or if they are connected to a third party who does.

Nebraska Relay System can serve as a third party to translate between individuals with and those without TDD phones. Persons without TDDs use the Relay System by calling 1-800-833-0920; persons with TDDs call 1-800-833-7352.

The TDD telephones on campus are located at the following sites:

Pay phones:
1. Library: South Entrance
2. Field House: West Entrance
3. Student Center: East Entrance by Game Room

Each of these locations has a TDD machine in a metal box that recesses into the wall. Directions are with it.

Non pay phones:

1. Disabled Students Agency - MBSC Rm. 120
2. Special Education - Kayser Hall Basement RM 117

If you have trouble using the phone, contact Services for Students with Disabilities at X2409 (EAB 115).

A person who would like the assistance of a note taker or interpreter should contact the Office of Services for Students with Disabilities (EAB 115) at x2409. If a student needs modified test administration arranged, the service is coordinated between Services for Students with Disabilities, faculty, and the Testing Center. To qualify for these services, a student must submit verification of his/her disability to this office.

Sign language interpreters can be funded through Educational and Student Services. Vocational Rehabilitation Services provides interpreters for their clients on a limited basis.

VII. AGENCIES FOR FURTHER REFERRAL

Vocational Rehabilitation
1313 Farnam On-the-Mall
Omaha, Nebraska 68102
595-2100

Voc Rehab employs specialists trained to work with the hearing impaired.

Nebraska Commission for the Hearing Impaired
3232 North 45th Street
Omaha, Nebraska 68104
595-3991

The United Way, 444-6666, will serve as a translating third party between individuals with and those without TDD phones. They will relay what someone has typed into a TDD phone to someone without this equipment and vice versa.

This service is also available through Nebraska Relay Services at 1-800-833-0920.

VIII. SUGGESTIONS FOR FURTHER READING

Journals (available in campus library):

Volta Review UNO Library call number HV 2350.V7

Journal of Rehabilitation of the Deaf UNO Library call number. HV 2350.J86

Articles:

Doggett, G. (1989). Employers' attitudes toward hearing-impaired people: A comparative study. Volta Review, 91 (6), 269-281.

Foster, S. B. (1987). Employment experience of deaf college graduates: An interview study. Journal of Rehabilitation of the Deaf, 21 (1), 1-15.

This article discusses topics such as job search strategies, communication and relationships at work, discrimination, and coping strategies experienced by deaf college graduates. Recommendations for improving the experiences of the deaf are presented.

Haines, John (1992, Winter). Dynamic Gallaudet University. Careers and the Disabled, 56-59.

McCann, J. (1993). Listening to the community of the hearing impaired. Journal of Career Planning and Employment, 53 (4), 43-49.

The challenge to career counselors, recruiters, and employers in working with deaf individuals is to learn more about their community and the ways by which they interact with the hearing society. Cultural aspects of deafness, the ways in which college placement offices can address the job counseling and placement need of deaf students, and the benefits of the Americans with Disabilities Act of 1990 in protecting against employment discrimination are discussed.

Welsch, W. A. and Foster, S. B. (1992). Does a college degree influence the educational attainments of deaf adults?: An examination of the initial and long term impact of college. Journal of Rehabilitation, 57 (1), 41-48.

This study indicates that people who are deaf with a college degree experience less unemployment, better jobs and higher earnings. More importantly for the purposes of this resource, the isolation which the deaf feel in the workplace is discussed as well as the importance of providing employers and university professionals with information about deafness and the technology which helps these individuals succeed.

Pamphlets/Brochures/Publications (in file):

The following pamphlets were all published by the Nebraska Commission for the Hearing Impaired:

Assistive Devices - Details technology available to assist the hearing impaired.

Sign Language Interpreter - a "Question and Answer" brochure about various aspects of interpreting and interpreters.

Nebraska Commission for the Hearing Impaired - Details the services offered by this agency.

LEARNING DISABILITIES

I. DESCRIPTION

The term learning disability covers a number of related central nervous system disorders which affect higher cognitive functioning. It is an umbrella label that includes a variety of different conditions and behavioral and performance deficits. The disorder may or may not be accompanied by an identifiable neurological abnormality, but it can be presumed that one or more of the psychological processes are affected and can be identified either directly through a neuropsychological evaluation or indirectly through an individual's achievement or overall adjustment.

Learning disabilities are likely to be present when a significant discrepancy exists between measured aptitudes and achievement in one or more subjects. They are often correlated with specific subjects e.g., learning disabled in math, learning disabled in reading (dyslexic), written or spoken language or listening.

Some common learning disabilities are dyslexia and attention deficit disorder. A person with dyslexia has difficulty reading, possibly accompanied by transposing letters and numbers on a printed page. The individual with attention deficit disorder has a very short attention span and also may be hyperactive.

II. GENERAL SENSITIVITY INFORMATION

A learning disability is a lifelong problem. A person with a learning disability cannot just "get over it" by trying harder. In fact, people with learning disabilities are often above average in intelligence. People with learning disabilities can learn; they simply need to use a wider variety of approaches to learning and can learn more effectively in certain ways depending on the specific disability.

Providing information in more than one format, such as written information or information on cassette is often helpful for these individuals, as a common characteristic across all learning disabilities is a problem retaining information.

As do all people with disabilities, individuals with learning disabilities have varying degrees of acceptance of their limitations. Some may go to extremes of underestimating their capabilities and others may not want to admit they have a disability.

People with learning disabilities who were not diagnosed early may have frequently been called "stupid" by peers growing up or thought of as lazy by professionals. Thus, they may have developed elaborate defense mechanisms to hide their condition and be overly sensitive with those who want to talk about it.

III. INITIAL CONSIDERATIONS

The factors listed below, and their potential application to each individual student, may be helpful in pointing to issues of psychological adjustment, performance of essential job functions, and general interactions with a student. In some instances it

may be advisable to specifically discuss one or more of these factors. However, since many of these topics relate to very personal issues, any decision to directly inquire should be based on its relevance to the career planning and placement process for that particular student.

1. Discuss the student's description of his/her learning disability and the specific limitations it causes.
2. Examine the compensatory strategies the student uses to overcome the disability.
3. Investigate his/her self image.
4. Determine work experiences they have had in the past and how they functioned on those jobs in light of their disability.
5. Assess verbal and nonverbal communication.

IV. COMMON FUNCTIONAL LIMITATIONS

The limitations listed below may restrict the individual's vocational choices and should be taken into consideration when discussing career options with a student. However, the counselor should not rule out an occupation before considering the accommodations listed in the next section which may provide alternative ways of doing the job. It is important to help the individual focus on his/her abilities not the disability.

1. Ability to organize work
2. Time management
3. Conceptualization
4. Decision making
5. Maturity
6. Reading, writing, spelling
7. Math
8. Auditory/visual memory
9. Form and spatial perception
10. Concentration/attention to task
11. Visual/motor problems
12. Abstract thinking
13. Following instructions
14. Self image
15. Interpersonal relations
16. Impulse control
17. Vague communication
18. Inability to focus on details
19. Sequencing problems
20. Relational distortions

V. POTENTIAL JOB SITE ACCOMMODATIONS

Always ask the individual first what accommodations would be most helpful to him/her. Below are some suggestions you might use if the student is having trouble articulating his/her needs.

1. Written as opposed to verbal instructions
2. Tape recorders
3. Written or computerized calendar/schedule
4. Calculator
5. Extra clerical help or job restructuring may be necessary if a lot of writing is involved on the job
6. Additional time to complete tasks
7. Access to software for improved written products (i.e. spell checks, grammar checks)

VI. SERVICES /RESOURCES ON CAMPUS

A person who would like the assistance of a notetaker or taped textbooks should contact the Office of Services for Students with Disabilities (EAB 115) at X2409. If a student needs modified test administration arranged, the service is coordinated between Services for Students with Disabilities, faculty, and the Testing Center. To qualify for these services, a student must submit verification of his/her disability to this office.

The Learning Center (EAB 117).

This office provides a variety of services to assist students academically by providing such services as tutoring, and workshops on topics such as test taking, study skills and notetaking.

VII. AGENCIES FOR FURTHER REFERRAL

Learning Disabilities Association
11118 N. 62nd St.
Omaha, NE 68152
572-8801

VIII. SUGGESTIONS FOR FURTHER READING

Books (Available in campus library):

Biller, E. F. (1987). Career decision making for adolescents and young adults with learning disabilities. Springfield, IL: Charles C. Thomas Publishers

Discusses these patterns and provides practical suggestions to help people with learning disabilities improve decision making

Biller, E. F. (1988). Understanding adolescents and young adults with learning disabilities: A focus on employability and career placement. Springfield, IL: Charles C. Thomas Publishers.

This guide for the placement counselor explains types of learning disabilities, common characteristics of people with learning disabilities, and indicates strategies which are effective with people with learning disabilities in the planning and placement process.

Journals (available in campus library):

Journal of Learning Disabilities, UNO library, call number LC3951.J863

Learning Disability Quarterly, UNO library, call number LC4704.L431

Articles:

Adelman, P. B. & Wren, C. T. (1991). Learning disabilities, graduate school and careers: The student's perspective. Lake Forest, IL: Barat College.
(ERIC document reproduction service no. 333 683)

This resource provides two case examples of college students with learning disabilities and provides the strategies they use(d) to succeed in college and in the workplace. It is suitable for students and professionals to read and very helpful, with very concrete suggestions.

Pamphlets/Brochures/Publications (in file):

When Learning is a problem

This pamphlet, published by the national office of the Learning Disabilities Association, includes a list of common characteristics of individuals with learning disabilities, accommodations and strategies for these individuals. Resource information in the form of books and other organizations that may help are suggested.

He looks like other kids

This pamphlet, published by the Learning Disabilities Association of Nebraska, provides common characteristics of those with learning disabilities, questions and answers regarding learning disabilities, and also details services provided by this local chapter.

SPINA BIFIDA/SPINAL CORD INJURIES/BACK INJURIES

I. DESCRIPTION

Spina bifida is a congenital disability. It involves a defective closure of the vertebral column. It results in varying degrees of paralysis and musculoskeletal defects. There are also varying degrees of muscle control and sensation loss with this type of disability.

The level of paralysis/functioning which the individual with any type of spinal cord disability sustains depends on the nature and extent of the injury. Generally, the higher on the spine the injury occurs the more severe the limitations. If the injury occurs high on the spine, all four extremities are affected, if it occurs lower on the spine, only lower extremities are involved. The term paraplegia is used to indicate that only lower extremities are impaired and quadriplegia is used when all four extremities are involved.

A spinal cord injury is any injury in which the spinal cord is traumatized or severed. It usually happens as a result of an injury such as a fall, dive into shallow water or other type of accident.

Back pain may be referred to as a chronic lower back pain, slipped disk, bulging disk, degenerating disk, lumbago, or sciatica. Lower back pain is often accompanied by sciatica (pain radiating down one or both buttocks and/or legs). Most lower back pain will respond to conservative treatment which typically involves improved posture, gradual conditioning, weight loss, and particularly abdominal muscle strengthening.

II. GENERAL SENSITIVITY INFORMATION

Spina Bifida/Spinal Cord injuries

Spina bifida or a spinal cord injury generally does not affect cognitive abilities. People with spina bifida or a spinal cord injury often use wheelchairs and have limited or no feeling in their lower extremities. For this reason they must be careful of such things as heat or cold. Additionally, pressure sores may be a problem. When someone with sensation in the lower portions of his/her body has been in a position for too long, they sense discomfort and change positions. Because of limited sensation, a person with spina bifida or spinal cord injury does not sense discomfort and sores may be a result of constant pressure to one area.

There is a period of psychological adjustment for people with spinal cord injuries because the individual was not born with the disability but acquired it as the result of an accident. This means they must adjust to knowing what it was like before the injury and having to deal with dramatic limitations post injury.

In terms of sensitivity to those in wheelchairs, here are a few suggestions. Sit when conversing with the individual so you can be at the same eye level. The wheelchair is part of the individual's personal space. Do not push or lean on the chair unless given permission to do so. Avoid terms such as "confined to a wheelchair." The wheelchair represents great personal freedom for the individual who needs it.

Back injuries/pain

People with back pain often have trouble bending, twisting, and lifting. Psychosocial issues (i.e. anxiety, depression) also may aggravate the pain. Emotional and environmental factors are important in assessing the individual with back pain. However, this does not mean that the physiological aspect should be downplayed. An extensive physical examination should always be done in cases where back pain is a factor.

III. INITIAL CONSIDERATIONS

The factors listed below, and their potential application to each individual student, may be helpful in pointing to issues of psychological adjustment, performance of essential job functions, and general interactions with the student. In some instances it may be advisable to specifically discuss one or more of these factors. However, since may of these topics relate to very personal issues any decision to directly inquire should be based on its relevance to the career planning and placement process for that particular student.

Spina bifida/spinal cord injury

1. Discuss degree of sensation loss.
2. Determine muscle functioning, control, atrophy and/or weakness.
3. Consider types of assistive devices used.

Back injury

1. Determine what caused the disability and what types of treatment have been used.
2. Explore what limitations they have (i.e. lifting, bending, sitting for long periods of time, etc.).
3. Consider what they do to relieve pain.
4. Discuss the use of medications and any side effects they have.
5. Determine the current level of activity/stamina.
6. Discuss assistive devices used.
7. Investigate psychological responses to pain (i.e. depression).

IV. COMMON FUNCTIONAL LIMITATIONS

The limitations listed below may restrict the individual's vocational choices and should be taken into consideration when discussing career options with a student. However, the counselor should not rule out an occupation before considering the accommodations listed in the next section which may provide alternative ways of doing the job. It is important to help the individual focus on his/her abilities not the disability.

Spina bifida/spinal cord injury

1. Walking
2. Pushing/pulling
3. Climbing
4. Standing
5. Stooping
6. Bending
7. Independence in wheelchair
8. Writing
9. Vehicle operation
10. Range of motion in extremities
11. Muscle control
12. Reflex control
13. Coordination
14. Grasping
15. Handling
16. Dexterity
17. Lifting
18. Carrying
19. Reaching
20. Self image
21. Bladder/Bowel management (due to lack of sensation)

Back Injury

1. Sitting
2. Standing
3. Lifting
4. Bending
5. Twisting
6. Climbing
7. Carrying
8. Stamina
9. Pain
10. Activities of daily living in severe cases
11. Additional limitations caused by side effects of medication
12. Driving a vehicle for long periods

V. POTENTIAL JOB SITE ACCOMMODATIONS

First ask the individual what accommodations would be most helpful to him/her. Below are some suggestions you might use if the student is having trouble articulating his/her needs.

1. Ramps/modified work stations (for wheelchair users)
2. Lowered counters
3. Lowered water fountains and telephones
4. Those with limited use of their hands often have special braces/devices which allow them to hold and grasp things, turn pages etc.

5. Those with back pain should have their work area arranged so that they have to do as little bending, lifting and twisting as possible.
6. Keyboard modifications

VI. SERVICES/RESOURCES ON CAMPUS

A person who would like the assistance of a notetaker should contact the Office of Services for Students with Disabilities (EAB 115) at X2409.
If a student needs modified test administration arranged, the service is coordinated between Services for Students with Disabilities, faculty, and the Testing Center. To qualify for these services, a student must submit verification of his/her disability to this office.

VII. AGENCIES FOR FURTHER REFERRAL

Spina Bifida Association of Nebraska
7101 Newport Ave. Ste. 206
Omaha, NE 68152
572-3570/1-800 621-3141

Spinal Cord Injury Association
1-800-962-9629

VII. SUGGESTIONS FOR FURTHER READING

Books (available in campus library):

Anderson E. M., Clarke, L., & Spain, B. (1982). Disability in adolescence. London: Methuen & Co., Ltd.

Provides an explanation of the physical effects of spina bifida as well as the social and psychological impact of having a disability.

Ruge, D. (Ed.). (1969). Spinal cord injuries. Springfield, IL: Charles C. Thomas Publisher

Discusses the medical, physical, psychological, and vocational aspects of spinal cord injury.

Articles:

Conte, L. E. & Banerjee, T. (1993). The rehabilitation of persons with low back pain. Journal of Rehabilitation, 59 (2), 18-22.

The major point of this article is that most instances of lower back pain involve physical, emotional and social factors rather than solely physical factors. A counselor needs to consider all of these things when advising an individual with this disability.

Reap, Jr., T. G. (1991). Journey of a hero-working with chronic back pain: The case of Peter. Career Development Quarterly 39, 291- 296.

Herbert, J. T. (1991). First things first: Rehabilitation counseling as a career planning strategy. Career Development Quarterly 39, 297-303.

The first of these companion articles provides a case example of a young man with chronic back pain and the effects it has on his life. The second article describes his rehabilitation process and provides recommendations on the best way to proceed with this individual. These suggestions include pain management training, trying part-time work before working full-time, interest inventory testing to help find alternative career choices, and learning to positively confront an employer's objections to hiring someone with a disability.

Pamphlets/Brochures/Publications (in file):

An introduction to Spina Bifida

Provides an in-depth explanation of spina bifida including its physical, educational, social and vocational ramifications.

Spina bifida Association of America

Outlines basic information about the disability and the goals of this organization

Assistance for Materials, Equipment and Needs (A.M.E.N.)

Discusses this financial assistance program offered by the Spina Bifida Association of Nebraska for costs related to this disability. Also outlines some other services provided by the local chapter.

TRAUMATIC BRAIN INJURY

I. DESCRIPTION

The most basic definition of a head injury is an injury which produces a force causing the brain to come in contact with the skull. The two *common features* of the injury are: 1) Head injuries are most often caused by rapid deceleration accidents (e.g. motorcycle, automobile, etc.) and 2) loss or impairment of consciousness is also associated with the injury.

II. GENERAL SENSITIVITY INFORMATION

People with head injuries often have difficulty accepting their disabilities and adjusting to the changes in their lives that result from disability. Many times they are not able to concentrate well and have difficulty with short term memory. They also tend to be more emotional and prone to outbursts and mood swings. However, it should be noted that these are generalizations, and as with all disabilities, each case needs to be treated individually. The extent of disability depends on the severity of the injury and how long the individual was unconscious as a result of it.

III. INITIAL CONSIDERATIONS

The factors listed below and, their potential application to each individual student, may be helpful in pointing to issues of psychological adjustment, performance of essential job functions, and general interactions with a student. In some instances, it may be advisable to specifically discuss one or more of these factors. However, since many of these topics relate to very personal issues, any decision to directly inquire should be based on its relevance to the career planning and placement process for that particular student.

1. Determine what physical impairments are present.
2. Determine what sensory/motor impairments are present.
3. Explore what assistive devices are used.
4. Determine what cognitive impairments are present.
5. Do they experience emotional/behavioral difficulties (i.e., drastic mood swings or a bad temper)?
6. Assess their job expectation.

IV. COMMON FUNCTIONAL LIMITATIONS

The limitations listed below may restrict the individual's vocational choices and should be taken into consideration when discussing career options with a student. However, the counselor should not rule out an occupation before considering the accommodations listed in the next section which may provide alternative ways of doing the job. It is important to help the individual focus on his/her abilities not the disability.

1. Balancing
2. Lifting
3. Walking
4. Strength
5. Coordination
6. Vision
7. Pain and headaches
8. Hearing
9. Memory
10. Organizational and planning ability
11. Communication skills
12. Attention span/distractibility
13. Writing skills
14. Reading skills
15. Visual-spatial skills
16. Lack of initiative
17. Inflexibility
18. Irritability
19. Social judgment
20. Maturity
21. Social awkwardness
22. Impulsiveness
23. Feelings of isolation
24. Aggressiveness
25. Concrete thinking
26. Anger
27. Depression
28. Anxiety
29. Low self esteem
30. Behavioral problems
31. Suspiciousness
32. Low self care skills
33. Low safety skills
34. Money handling problems
35. Inability to carry out previously learned tasks and inability to learn new tasks
36. Slowness

V. POTENTIAL JOB SITE ACCOMMODATIONS

Always ask the individual what accommodations would be most helpful to him/her. Below are some suggestions you might use if the student is having trouble articulating his/her needs.

1. A written or computerized calendar/notebook to help the individual remember appointments and instructions.
2. Job restructuring
3. Written as opposed to verbal directions
4. Calculator

VI. SERVICES/RESOURCES ON CAMPUS

A person who would like the assistance of a notetaker should contact the Office of Services for Students with Disabilities (EAB, 115) at 554-2409. If a student needs modified test administration arranged, the service is coordinated between Services for Students with Disabilities, faculty, and the Testing Center. To qualify for these services, a student must submit verification of his/her disability to this office.

Counseling Services- EAB 115
Learning Center - EAB 117

VII. AGENCIES FOR FURTHER REFERRAL

In Omaha contact Immanuel Hospital Rehabilitation Centern at 572-2121 or Madonna Rehabilitation hospital 489-7102 in Lincoln for support group information for persons with traumatic brain injury.

VIII. SUGGESTIONS FOR FURTHER READING

Books (available in campus library):

Long, C. J. & J. M. Williams (1988). Neuropsychological assessment and treatment of head trauma patients. In H. A. Whitaker (Ed.), Neuropsychological Studies of Nonfocal Brain Damage. New York: Springer-Verlag.

Discusses the cognitive, emotional, social, and vocational aspects of head injury and what is needed for effective rehabilitation.

Articles:

Bostwick, T. (1993). Starting life over-working with the head Injured: The case of Randall. The Career Development Quarterly 41, 330-332.

Levinson, E. M. (1993). A counseling plan for Randall. The Career Development Quarterly 41, 333-337.

These two articles show by a case example how it is at times necessary to help an individual with a head injury accept his/her disability and change career aspirations to match present abilities.

Roessler, R. T., Fletcher Shriner, K., & Price, P. Employment concerns of people with head injuries. Journal of Rehabilitation 57, 17-23.

VISUAL IMPAIRMENTS

I. DESCRIPTION

Visual impairments may affect field of vision, color perception, or the ability to use both eyes in perceptual tasks. Blindness in adults is most commonly caused by cataracts, glaucoma, diabetes, vascular impairments, infections, myopia, or injuries. Determination of legal blindness does not necessarily mean the individual has no visual functioning. As a general rule, if someone says he/she is blind, this means they have no visual functioning. If instead they say "legally blind", some eyesight remains. Ask the person which terminology he/she prefers in referring to his/her disability.

II. GENERAL SENSITIVITY INFORMATION

Visual impairments vary in degrees from only slight impairment to total blindness.

People with visual impairments vary in the type of assistance with printed materials they utilize. Some people who are blind read Braille (a system of raised dots which some blind/visually impaired people use to read via their sense of touch), others do not. Large print is fine for some individuals, others prefer cassette recordings or having material on computer disc. There are computers that have special software which reads what is on the screen. Be sure to ask which print adjustment the individual prefers. Do not rule out regular print- some visually impaired people have readers. If you do hand them something in print, be sure to tell them what it is (i.e.. "this is a list of job hotlines").

People who are visually impaired have different ways of telling where to put their signature on a form. They may ask you where it needs to be signed. Another person may ask you to put a fold at that point, or use the edge of an envelope or card as a guide, or have a metal or plastic frame as a signature guide.

In terms of mobility, a person with a visual impairment may use a cane or a guide dog. Do not pet a guide dog unless given permission to do so. In general, guide dogs are at work and should not be distracted. Also, ask a visually impaired person if he/she would like to take your arm to aid in mobility and do not be offended if he/she does not take it. It is a matter of personal preference. Do not take his/her arm to offer assistance.

When giving directions talk in terms of landmarks which are usable. Saying "by the red phone" is not helpful for some, as that is a reference to color. It is more helpful to say for example "the service desk is about 20 feet straight ahead on the left side of the hall".

Even though they cannot see how they look, it is still important to persons with visual impairments to know how to dress, wear their hair, jewelry and makeup for interviews.

If you are inviting a person with a visual impairment to a meeting with several other people, have everyone present introduce him/herself.

As general notes on language, it is OK to use the word "see"- i.e. "Did you see that movie last night?" -around people who are visually impaired. They know it is only an expression and are not offended.

III. INITIAL CONSIDERATIONS

The factors listed below and, their potential application to each individual student, may be helpful in pointing to issues of psychological adjustment, performance of essential job functions, and general interactions with a student. In some instances it may be advisable to specifically discuss one or more of these factors. However, since many of these topics relate to very personal issues, any decision to directly inquire should be based on its relevance to the career planning and placement process for that particular student.

1. Explore the cause of the visual impairment.
2. Determine how long the individual has had the visual impairment.
3. Assess the constancy of the remaining vision.
4. Investigate characteristics of existing vision (i.e. blurring or double vision).
5. Determine absence of a driver's license or presence of one with restrictions.
6. Consider the presence of glasses.
7. Consider obvious signs of eye abnormality (e.g. discoloration or abnormal eye movement).
8. Determine difficulty in reading materials or signing forms.
9. Inquire about assistance in travel (e.g. cane, guide dog, or sighted aide).

IV. COMMON FUNCTIONAL LIMITATIONS

The limitations listed below may restrict the individual's vocational choices and should be taken into consideration when discussing career options with a student. However, the counselor should not rule out an occupation before considering the accommodations listed in the next section which may provide alternative ways of doing the job. It is important to help the individual focus on his/her abilities not the disability.

1. Reading
2. Writing
3. Walking
4. Space perception
5. Form perception
6. Depth perception
7. Color discrimination
8. Field of vision deficit
9. Night vision deficit
10. Inability to drive or restricted driving

V. POTENTIAL JOB SITE ACCOMMODATIONS

Always ask the individual first what accommodations would be most helpful to him/her. Below are some suggestions you might use if the student is having trouble articulating his/her needs.

1. Tape recorder
2. Braille computer software
3. Readers
4. Computer software to enlarge on-screen print
5. Computer with speech synthesizer

VI. SERVICES/RESOURCES ON CAMPUS

A person who would like the assistance of a notetaker should contact the Office of Services for Students with Disabilities (EAB, 115) at 554-2409. If a student needs modified test administration arranged, the service is coordinated between Services for Students with Disabilities, faculty, and the Testing Center. To qualify for these services, a student must submit verification of his/her disability to this office.

A computer located in the Disabled Students Agency (MBSC Rm. 120, X2368) contains both Braille software (which can translate material saved on a computer disc into Braille- a system of raised dots which some visually impaired people use to read via their sense of touch) and a speech synthesizer (which translates material saved on computer disc into the spoken word, allowing visually impaired people to "read" independently). There is another computer with a speech synthesizer located in the Learning Center (EAB 117). There is also one computer in the UNO library equipped with large print software. This computer searches both the book stacks (Genisys) and the periodical databases.

Although UNO does not provide transportation for its students, it is available through the MOBY service of Metro Area Transit, 346-8779 and Shared Mobility Coach, 292-0860. Metro Area Transit (MAT), has buses that are equipped with chair lifts on differeint routes. Checks with MAT for the times they run, 341-0800.

VII. AGENCIES FOR FURTHER REFERRAL

American Council of the Blind
1-800-424-8666

Information and referral on issues regarding the blind and visually impaired

National Federation of the Blind
1-800-232-5463

Information, referral, advocacy, speakers

JOB (Job Opportunities for the Blind)
1-800-638-7518
A service provided through National Federation of the Blind)

One of the services they provide is information on the Job Index (a national data and networking resource on the competitive employment of people who are blind or visually impaired).

Nebraska Services for the Visually Impaired
1313 Farnam
Omaha, NE 68102
595-2041

Technical assistance, independent living services, vocational guidance & training, job placement

Cassettes, Braille books, records, tapes

Recording for the Blind
20 Roszel Road
Princeton, NJ 08540
(609) 452-0606
FAX (609) 987-8116

A nonprofit service organization that provides recorded educational books and related library services.

VIII. OTHER RESOURCES

Beyond Compliance (video) available through the campus personnel office. A portion of this video features a blind person discussing her disability.

IX. SUGGESTIONS FOR FURTHER READING

Books available in the Career Planning and Placement Library:

Jernigan, K. (Ed.) (1993). Making hay. Baltimore: National Federation of the Blind.

Has personal stories of blind individuals and some of these relate how employment and success on the job were obtained.

Jernigan, K. (Ed.) (1992). What you should know about blindness, services for the blind, and the organized blind movement. Baltimore: National Federation of the Blind.

Discusses the causes of blindness, the use of Braille, misconceptions concerning people who are blind, computer technology for the blind, job opportunities for the blind, scholarships available to students who are blind, and profiles of individuals who have succeeded in their chosen professions.

Books (available in campus library):

Dobree, J. H. (1982). Blindness and visual handicap: The facts. New York: Oxford University Press. Call # HV 1593.D6

Discusses causes of blindness and various aspects of living with blindness including employment, rehabilitation and technological aids.

Hollins, M. (1989). Understanding blindness: An integrative approach. Hillsdale, N.J.: L. Erlbaum Associates. Call #RE91.H65

Contains information on causes and effects of blindness, reactions and attitudes toward blindness, and trends in rehabilitation and technology.

Kirchner, C. (1985). Data on blindness and visual impairment in the U.S.: A resource manual on characteristics, education, employment and service delivery. New York: American Foundation for the Blind. Call # HV1795.K57

Contains research studies on the topics mentioned in the title as well as a resource directory of national and international agencies which serve the blind.

Vaughan, C. E. (1993). The struggle of blind people for self determination: The Dependency Rehabilitation Conflict. Springfield, IL: Charles C. Thomas Publishers. Call #HV1795.V38

Emphasizes that in order for the rehabilitation industry to get away from the dependence and stereotyping it sometimes creates, blind people themselves must be involved in formulating the policies and programs which affect them.

Journals (available in campus library):

Journal of Visual Impairment and Blindness (Periodical- on cassette tape). Call # HV1571.085

These are audio cassettes which can only be listened to on a special recorder for the visually impaired. There is one in the Reserve/Media Center in the library. Of special interest is volume 79 (December, 1985). The issue focuses on career development.
Articles:

The Braille Monitor (May, 1993). Published by National Federation of the Blind

Contains articles of fact, human interest and opinion concerning issues important to the blind and of use in sensitizing the sighted.

McLain, Jim (1992). Perhaps they think blindness affects my ears. Quill, 80(4), 48.

A blind newspaper reporter discusses how he handles the day-to-day tasks of reporting and how he worked his way up to his position as a reporter.

Pamphlets/Brochures/Publications (in file):

New Hope for the Partially Sighted: University of Nebraska Medical Center.

Describes services offered by UNMC to aid the partially sighted.

Olson, C. (1980). The Encounter: National Federation of the Blind.

A cartoon-illustrated booklet which takes a humorous look at encounters between people who are blind and those who are sighted.

State of Nebraska Division of Rehabilitation Services for the Visually Impaired

Details the services offered through this office as well as eligibility requirements.

MULTIPLE SCLEROSIS

I. DESCRIPTION

Multiple Sclerosis (MS) is a chronic disease of the central nervous system with undetermined etiology. Symptoms occur due to interrupted and distorted nerve impulses to the brain from plaque which develops at nerve endings. Onset typically occurs during the age period 20-40 years. Physical symptoms of the disease may include tingling sensations, numbness, slurred speech, blurred or double vision, unusual fatigue, problems with bladder, bowel and sexual function, and paralysis. Impairment of cognitive functions such as memory, judgment, problem solving and abstract reasoning may occur. The typical pattern of the disease is marked by periods of active disease and periods of remission (symptom free).

Although there is not a cure for MS at this time, medications provide symptomatic relief for acute attacks and for more chronic cases. Other treatments include: counseling to decrease emotional stress; exercise and therapies; diet and adequate rest.

II. GENERAL SENSITIVITY INFORMATION

The symptoms of MS can vary dramatically among individuals, dependent, in part, upon the location of the formation of plaque. Some people may have an initial attack and no recurrence afterward. Others have what is called "relapsing-remitting disease" marked by active periods of two or three years, followed by periods of remission lasting months or years. Still others experience a chronic, progressive form of the disease. In any event, the course of MS is unpredictable.

III. INITIAL CONSIDERATIONS

The following considerations and their potential application to a particular student may be helpful in pointing to issues of their psychological adjustment, performance of essential job functions, and general interactions with them. In some instances it may be advisable to specifically discuss with them several of these considerations. However, since many of these topics relate to very personal issues, any decision to directly inquire should be based on its relevance to career services provided to that particular student.

1. Identify specific difficulties (i.e. fatigue, ambulation, speech, and vision).
2. Assess cognitive functioning (i.e. memory, problem solving).
3. Explore types of assistive devices used (i.e. cane, wheelchair).
4. Determine the types of medications they use and potential side effects.
5. Explore how the disability previously affected work or school.

IV. COMMON FUNCTIONAL LIMITATIONS

The following list of potential areas of impairment accompanying MS may restrict the individual's vocational choices and should be taken into consideration when discussing career options with a student. However, the counselor should not rule out an occupation or employer before considering the accommodations listed in the next section which may provide alternative ways of doing the job. It is important to help the individual focus on his/her present capabilities, rather than their limitations.

1. Walking
2. Balancing
3. Stamina
4. Strength
5. Vision
6. Memory
7. Speech
8. Regulation of perceived body temperature (accommodation: climate control)

V. POTENTIAL JOB SITE ACCOMMODATIONS

Always ask the individual first what accommodations would be most helpful to him/her. Below are some accommodation suggestions which could be offered if the student is having trouble articulating his/her needs.

1. Redesign workstation to minimize reaching and lifting
2. Job restructuring may be necessary (minimize fatigue)
3. Climate control
4. Written, as opposed to verbal instructions
5. A written or computerized calendar/notebook to help the individual remember appointments and instructions

VI. SERVICES/RESOURCES ON CAMPUS

A person who would like a note taker provided should contact the office of Services for Students with Disabilities (EAB 115) at x2409. If a student needs modified test administration arranged, the service is coordinated between Services For Students with Disabilities, faculty, and the Testing Center. To qualify for these services, a student must submit verification of his/her disability to that office.

VII. AGENCIES FOR FURTHER REFERRAL

National Multiple Sclerosis Society
Midlands Chapter
7101 Newport Avenue, Suite 203
Omaha, NE 68152-2160
572-3190 / 1-800-755-3959

National MS Information Resource Center
1-800-624-8236

VIII. SUGGESTIONS FOR FURTHER READING

Books (available in campus library):

Meeting the Needs of Employees with Disabilities. (1991). Lexington, MA: Resources for Rehabilitation.

Chapter 7 of this book focuses on what can be done to accommodate employees with chronic conditions, including MS, at the work site. Flexible scheduling and advance planning between supervisors and employees are two of the suggestions given. The chapter also briefly discusses the physical and emotional difficulties individuals with chronic conditions experience.

ADDENDUM

The previous sections have provided general information about some of the disabilities you may encounter when counseling with students. Each section also directs your attention to the associated functional limitations and job site accommodations that may be applicable. However, it is important to take the following considerations into account whenever you work with a student with a disability:

- No two persons with the same disability are alike.
- No clear relationship exists between type of physical or mental impairment and functional ability.
- Function can be impeded in some settings and not others.
- Age, sex, and cultural factors and expectations influence the performance of common functions.
- Restrictions in opportunity influence the performance of common functions.
- Limitations may be complicated by external factors and, in some cases, result solely from them.

It is impractical to assume that one reference book can address all disabilities potentially represented in a student population, nor can any reference adequately discuss the full continuum of functional limitations. However, it is possible to identify areas/functions that may be affected by any disabling condition. Therefore, Career Planning and Placement professionals are encouraged to use the following information as a framework for exploring with students the impact of any disability:

I. COMMUNICATION

- Is the individual's ability to effectively exchange (give and receive) information through written or spoken words or concepts affected?

Example: A person with a learning disability such as dyslexia may have difficulty communicating in written form (reading or writing).

Example: Some individuals with cerebral palsy have speech impairments which make articulation difficult and therefore make comprehension for others difficult.

II. INTERPERSONAL SKILLS

- Does the disability impact the individual's ability to establish and maintain working relationships with others and/or the individual's ability to establish and maintain social relationships as they affect (or are likely to affect) job performance and security?

Example: Schizophrenia can produce extremes in emotional expression from intense emotional outbursts to flat affective behavior. Such extremes may interfere with the work performance of the individual with schizophrenia or with the work performance of their co-workers.

Example: A lack of maturity and a lack of impulse control in some individuals with learning disabilities may negatively impact those individuals' abilities to establish and maintain working or social relationships.

III. MOBILITY

- Does the disability impact the individual's ability to move from place to place or move the body into various positions? Does the disability impact the individual's ability to move within a particular setting (home, school or work) in the performance of essential activities?

Example: Due to fatigue and muscle weakness, some individuals with post-polio syndrome may experience difficulty in moving from place to place without assistive devices.

Example: Spina bifida/spinal cord injuries cause various degrees of paralysis which may restrict an individual's ability to safely change body positions without the help of others or assistive devices.

IV. SELF-CARE

- Is the individual's ability to perform basic personal care and independent living activities affected? Is the ability to travel in the community affected?

Example: Individuals with anorexia nervosa often experience physical weakness, muscle wasting, and dizziness. In extreme cases they are unable to feed, dress or groom themselves without assistance.

Example: Due to the inability to meet visual standards set by the Department of Motor Vehicles, a blind individual will not be able to obtain a driver's license which will restrict his/her ability to travel in the community.

V. SELF-DIRECTION

- Does the disability impact the individual's ability to manage and take control of one's personal, social and work life? Is the ability to plan,

initiate, organize or carry out purposeful activities related to self care, independent living and working affected?

Example: A person with a traumatic brain injury may experience difficulty with organizational and planning ability and will often require prompts or cues to start and finish tasks.

Example: Schizophrenia can sometimes produce the delusion of being under the control of other people or hidden forces in some people who have the disease. Consequently, an individual with schizophrenia may find it difficult to take control of his/her life.

VI. WORK SKILLS

- Does the disability impact on possessing the work skills needed to perform jobs which exist in the economy (regardless of demand)? For younger persons, or those entering the labor force after prolonged absence, is the ability to learn the work skills for performing jobs which exist in the economy (regardless of demand) affected?

Example: A person whose skills and experience have revolved entirely around physically demanding professions (construction, truck driver, etc.) may have difficulty finding employment in a different line of work after experiencing a spinal cord or back injury.

Example: An individual with carpal tunnel syndrome must avoid the repetitive activity which brought on the condition. This may make continued employment in the same line of work difficult if the repetitive activity is an essential job function.

VII. WORK TOLERANCE

- Is the individual's ability to perform consistently under the level of physical, environmental, or psychological demands commonly found in work settings affected?

Example: Individuals who are depressed may experience fatigue and low energy levels. They often state that routine activities are difficult for them and that they perform below their own expectations as well as others (employers, spouses).

Example: Due to decreased strength, stamina and endurance, individuals with multiple sclerosis may be unable to perform physically, environmentally or psychologically demanding tasks in some work settings.

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